



State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/03/2015

Business ID: 653432

William M. Gardner

Secretary of State

JILLIAN B. BEVERSTOCK, MS, LMFT, PLLC

230 COMMERCE WAY, SUITE 300
PORTSMOUTH, NH 03885

ENTITY TYPE: PROFESSIONAL LLC

BUSINESS ID: 653432

STATE OF DOMICILE: NEW HAMPSHIRE

Marriage and Family Therapist

ADDRESS OF PRINCIPAL OFFICE:

230 COMMERCE WAY, SUITE 300

PORTSMOUTH, NH 03801

REGISTERED AGENT AND OFFICE:

CLOSSON, PATRICK C, ESQ

900 ELM STREET

MANCHESTER, NH 03101

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. Jillian B Beverstock

STREET 230 Commerce Way
Suite 300

CITY/STATE/ZIP Portsmouth Nh 03885

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member for the entity type of a PLLC.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.
All the members and managers are qualified persons with respect to the professional limited liability company.

Sign here:

Jillian B Beverstock

Please print name and title of signer:

Jillian B Beverstock

/

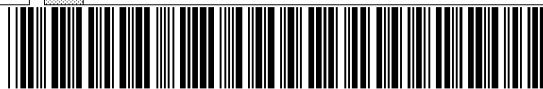
MANAGER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



065343220151002

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

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